AMENDED IN ASSEMBLY APRIL 4, 2005

Senate Concurrent Resolution No. 23

Introduced by Senators Scott, Aanestad, Chesbro, Cox, Florez, Ortiz, and Torlakson
(Coauthors: Assembly Members Leslie, Negrete McLeod, Pavley, Ruskin, and Strickland)

February 16, 2005

Senate Concurrent Resolution No. 23—Relative to Lyme Disease Awareness Week.

LEGISLATIVE COUNSEL'S DIGEST

SCR 23, as amended, Scott. Lyme Disease Awareness Week.

This measure would proclaim May 4 through May 10, 2005, as Lyme Disease Awareness Week.

Fiscal committee: no.

WHEREAS, Lyme disease is caused by the spirochete (a corkscrew-shaped bacteria) called Borrelia burgdorferi and is transmitted by the western black-legged tick. Lyme disease was first identified in North America in the 1970s in Lyme, Connecticut, the town for which it was then named. This disease has since been reported from many areas of the country, including 54 counties in California. Its spread is essentially global, having been reported in 30 countries on 6 continents and several islands. Lyme disease is, thus, not "rare" and 25% of its victims are under 15 years of age; and

WHEREAS, Lyme disease mimics many other diseases and is called the second "great imitator" after syphilis. Patients are often misdiagnosed with more familiar conditions, including chronic fatigue, fibromyalgia, multiple sclerosis, amyotrophic ~~later sclerosis, Lou Gehrig's Disease~~ *lateral sclerosis (Lou*

Gehrig's disease), or Parkinson's disease, for which there is no cure, only palliative remedies. Manifestations of cognitive and memory impairment from neurological Lyme disease are commonly misdiagnosed as depression or other mental conditions; and

WHEREAS, Prompt treatment with antibiotics during early Lyme disease can cure the infection and prevent complications of progressive Lyme disease. If treatment is delayed, treatment can be difficult and accompanied by progressive debilitation, and recovery will take much longer. Lyme disease inadequately treated can lead to death; and

WHEREAS, In California, the western black-legged tick (Ixodes pacificus) transmits the bacteria that cause Lyme disease. Western black-legged ticks are most common in the coastal regions and along the western slope of the Sierra Nevada range. Ticks prefer cool moist environments such as shaded grasses, shrubs, and leaf litter under trees in oak woodlands; and

WHEREAS, Ticks have three life stages. The larvae and nymphs are found in low, moist vegetation such as in leaf litter. Adults are found on the tips of grasses and shrubs, often along trails. Nymphs and adult females of the western black-legged tick can transmit Lyme disease bacterium to humans. Because nymphs are tiny and difficult to see, they may not be removed promptly. Nymphs are most active in spring and early summer, when people are most likely to be outdoors. Adult ticks are most active from fall through early spring. A blood engorged female tick looks somewhat like a chocolate covered raisin and should be promptly removed by being pulled out and straight up with tweezers from underneath; and

WHEREAS, There are fewer than 40 "Lyme literate" physicians in clinical practice in California, resulting in frequent misdiagnosis and under-treatment of patients. This marginalization has led to broken families, financial hardship, job losses, increased numbers of people on disability or welfare, and even death. We have a hidden public health epidemic in need of being addressed promptly; and

WHEREAS, The Centers for Disease Control and Prevention (CDC) made Lyme disease a nationally notifiable condition in 1982. Over 125,000 cases have since been reported nationwide, making Lyme disease the most frequently reported vector-borne

disease. In 2002, the number of cases reported increased by 40% over the prior year to 23,763 cases. The CDC estimates that only 10% of Lyme disease cases are actually reported; and

WHEREAS, The first recognized human case in California occurred in 1978 in a hiker from Sonoma County. Passive surveillance for Lyme disease cases began at the State Department of Health Services in 1989. As of 2002, over 1,700 cases have been reported from 54 of 58 counties, exceeding all other vector transmitted diseases in California; and

WHEREAS, Title 17 of the California Code of Regulations requires that physicians report all newly diagnosed cases of Lyme disease to their local health department. Laboratory reporting of positive Lyme disease tests will begin in early 2005 and is expected to increase the number of patients identified; and

WHEREAS, In 2004, the International Lyme and Associated Diseases Society developed "Evidence-based Guidelines for the Management of Lyme Disease," published in Expert Review and Anti-infective Ther.: 2(1), 2004. These guidelines should be required reading for practioners treating infectious diseases and a key reference for training future physicians, nurse practitioners, and school nurses. It is now clear that long-term antibiotic treatment of chronic Lyme disease can be effective; and

WHEREAS, In 1999, Senate Bill No. 1115 (Chesbro; Chapter 668 of the Statutes of 1999) established the Lyme Disease Advisory Committee (LDAC) to provide information and service to the Lyme patient community; and

WHEREAS, In 2004, Assembly Bill No. 1091 (Negrete McLeod; Chapter 262 of the Statutes of 2004) revised the method by which the State Department of Health Services may modify the list of reportable diseases. This bill, cosponsored by the Health Officers Association of California and the California Lyme Disease Association, was originally designed to make Lyme disease laboratory reportable but broadened to modernize the existing reporting system; and

WHEREAS, The Legislature finds that this disease is a hidden epidemic that presents a major health threat to all Californians; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature of the State of California

proclaims May 4 through May 10, 2005, as Lyme Disease Awareness Week.

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